

Service Level Agreement (SLA) & Service Specification Variation Notice

**for pharmacy contractors
participating in the pilot testing
referrals from additional
Emergency &
Urgent care (UEC) settings
to NHS CPCS**



Service Level Agreement (SLA)

Service Level Agreement (SLA) for the pilot testing referrals from additional Emergency & Urgent care (UEC) settings to NHS CPCS

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NHS England and NHS Improvement

Pharmacy Local Enhanced Service

NHS England and NHS Improvement

i) Agreement and sign-up process

This agreement is between

NHS England & NHS Improvement XXXXX Regional Team (NHSE&I) (“the commissioner”)

And the Provider: (*“the pharmacy”*)

Trading name and address of pharmacy

.....
.....
.....

Contractor ODS code: F

For the provision of the NHS Community Pharmacist Consultation Service (CPCS) from Additional UEC settings (as outlined in the [Service Specification](#) below). The pilot service is a Local Enhanced Service as defined by Part 4 paragraph 14(1)(j) - of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended).

By signing up to this Service Level Agreement (SLA), you are agreeing that you fully comply with the Terms of Service as outlined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement and service specification pilot variation notice outlined below. NHSE&I reserves the right to remove you from this pilot if you become unable to meet your terms of service during the pilot period.

Failure to comply with the full terms and conditions as outlined in this SLA and the Service Specification may result in suspension from the pilot. Before any suspension the pharmacy and Commissioner will discuss the reason for the suspension to identify a possible resolution.

Sign up to the service is via the NHS BSA website.

By registering to sign up to the service you are agreeing to the terms outlined in this SLA for the Service.

ii) Purpose and scope

The purpose of the NHS CPCS is to reduce the burden on urgent and emergency care services by referring patients requiring low acuity advice and treatment to community pharmacies, irrespective of where they first present, eg from NHS 111, from general practice and from urgent treatment centres or emergency departments. Its aim is to ensure that patients have access to the same or more appropriate levels of care, for minor illness with a self-care emphasis and to support access to urgent medicines supply when they are unable to access a usual repeat prescription . This pilot

will test referrals to the same service (NHS CPCS) in community pharmacy settings from the remaining points of presentation, i.e. UEC settings (notably Urgent Treatment Centres and hospital Emergency departments). The benefits from the already-established NHS CPCS will be extended to those patients using the additional UEC settings for urgent repeat medicine supplies and those low acuity minor illness conditions identified for referral to the NHS CPCS in community pharmacies. The pilot aims to support a reduction in the burden of this case mix on urgent and emergency care services from these additional UEC settings.

The agreement is for the pharmacy to provide self-care advice and support, including printed information, to all individuals referred to the pharmacy by the identified additional UEC settings on the management of specified low acuity conditions and urgent repeat medication supplies.

iii) Timescale

This agreement is for the scheme to be available during all pharmacy opening hours.

This agreement and pilot service delivery covers the period from the start date of the pilot (due to commence between 1 November 2021 and 1 December 2021) until the end of the pilot (initially until 30 June 2022. The pilot may be extended depending on progress and contractors will have the option to withdraw at this stage if they choose.).

iv) Termination and Notice period

One month's notice of termination must be given if the pharmacy wishes to terminate the agreement before the given end date.

The Commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

v) Obligations

The pharmacy will provide the service in accordance with the [service specification](#) and specification variation notice ([Schedule 1](#)) and ensure that all substantive and locum pharmacists are aware of it.

The pharmacy, including all staff involved in delivering the pilot, will participate fully in the pilot evaluation, and provide the data set out in the specification in a timely manner (or within the timescales specified).

The Commissioner will manage the service in accordance with the specification ([Schedule 1](#)).

vi) Standards

The service will be provided in accordance with the standards detailed in the [service specification](#) and specification variation notice ([Schedule 1](#)).

vii) Eligibility criteria

Pharmacy contractors will need to satisfy the following criteria to demonstrate ability to take part in this pilot:

Registered to deliver the NHS CPCS and have registered separately to participate in this pilot via the NHS BSA registration site (<https://www.nhsbsa.nhs.uk/UEC-referrals-pilot>).

- Have a completion rate of at least 60% for CPCS referrals over the last six months.
- To have at least one pharmacist in the pharmacy complete (or have completed) the [RCGP or RPS advanced skills training for CPCS](#).
- Compliance with the Essential Services elements of the Community Pharmacy Contractual Framework (CPCF);
- Each pharmacy must have a consultation room that complies with the GPhC standards for such rooms;
- Be satisfied that all pharmacists including locum pharmacists and pharmacy staff involved in the provision of the service are competent to do so;
- The service must be available for all the opening hours of the pharmacy
- Be in good standing with NHS England and NHS Improvement.

viii) Confidentiality

Both parties shall adhere to applicable data protection legislation including the General Data Protection Regulation 2016/679 as retained by UK law under the European Union (Withdrawal) Act 2018 and to the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to the Commissioner.

ix) Indemnity

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on the part of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to the Commissioner.

Schedule 1

Pharmacy Integration Fund

Service Specification

for NHS Community Pharmacist Consultation Service (CPCS)

Pilot Variation Notice

**for pharmacy contractors taking part in the
pilot to test referrals to CPCS from additional
Urgent & Emergency Care (UEC) settings**

NHS England and NHS Improvement

Pharmacy Local Enhanced Service

NHS England and NHS Improvement

Service Specification variation notice for NHS Community Pharmacist Consultation Service (CPCS) for the pilot to test referrals to CPCS from additional Urgent & Emergency Care (UEC) settings

Prepared by the Primary Care Group, Pharmacy Integration Fund team

This pilot aims to develop the UEC referral pathway to NHS CPCS building on the learning from 111 and General Practice. Pharmacy contractors participating in the pilot must be registered to deliver the NHS CPCS and must follow and comply with all aspects of the Service Specification for the NHS CPCS Pharmacy Advanced Service.

(<https://www.england.nhs.uk/wp-content/uploads/2019/10/CPCS-Advanced-Service-Specification.pdf>)

The details outlined in the Service Specification variation notice below, relate to this specific pilot only. The Pilot is commissioned as a Pharmacy Local Enhanced Service and those pharmacy contractors participating in the pilot must follow and comply with all aspects of this variation notice in addition to the requirements laid out in the NHS CPCS Service Specification.



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Background to the pilot

The pilot aims to develop the UEC referral pathway to NHS CPCS building on the learning from 111 and General Practice. This ambition to test the referrals from Urgent Treatment Centers was highlighted in the 2019- 2024 CPCF agreement as part of the Year 3 2021/22 plans¹.

1 Aims and intended outcomes for the pilot

1.1 This project aims to:

- test referral routes for patients with low acuity minor illnesses and Urgent Repeat Medicines Supply requests from Urgent and Emergency care (UEC) settings to community pharmacies (CPs). (N.B. For the purposes of this pilot “additional UEC settings” will include Accident & Emergency (A+E) and Urgent Treatment Centres specifically).
- The pilot will aim to describe the required system assurance regarding the referral route from UEC settings to CPs encompassing clinical, operational, and digital processes.

1.2 The specific objectives of the pilot are:

- To test referral routes into the NHS CPCS from UECs and understand the impact of referrals on both EDs & CPs to inform any potential future roll-out plans.
- To understand the opportunity and the potential volumes within this cohort with low acuity conditions that can be treated within a CP and scope of requests for urgent medicines supplies.
- To understand and record the clinical governance considerations for establishing a referral route for low acuity conditions from UECs (Higher acuity care) to CPs (lower acuity care).
- To undertake quantitative and qualitative evaluation including patient experience and the experience of community pharmacy and UEC teams.

2 Additional Pilot requirements for service provision - premises, training, and other requirements

- 2.1 The pharmacy contractor is expected to meet all the requirements of the current NHS CPCS advanced service specification².
- 2.2. To participate at least one pharmacist in each pharmacy must have undertaken (or

¹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

² <https://www.england.nhs.uk/publication/advanced-service-specification-nhs-community-pharmacist-consultation-service/>

be registered to undertake) the CPCS training via Royal Pharmaceutical Society (RPS) and Royal College of General Practice (RCGP) accredited training for the NHS CPCS. The link to the training site is shown below:

[NHS CPCS Workshops | RPS \(rpharms.com\)](https://www.rpharms.com/courses/cpcswkshps)

- 2.3 The pharmacy must be registered for the NHS CPCS and have a consultation completion rate above 60% (averaged over the previous six months) for 111 minor illness referrals made into the NHS CPCS. The NHS E/I regional pharmacy commissioning team will confirm that the pharmacy contractors have met this criterion using the data available for reporting through the CPCS IT systems.

3 Service sign up / registration

- 3.1 To participate in the pilot contractors must be registered to deliver the NHS CPCS and have completed the action described in 2.1. above. UEC CPCS pilot is commissioned locally as an enhanced Service and an additional electronic registration declaration is required through the NHS BSA registration site set up specifically for this pilot. The link to register for the service is shown below:

<https://www.nhsbsa.nhs.uk/UEC-referrals-pilot>

4 Service availability / de-registration

- 4.1 Should there be a problem with service provision locally, all UEC locations³ participating in the pilot should be contacted by the pharmacy contractor and notified of any temporary withdrawal of service, to prevent them making further direct referrals. Contact details will be agreed by the local project teams and shared at the start of the pilot referral activity

5 Referrals for urgent medicines supply

5.1 General Information

- 5.1.1 The referral from the Additional UEC setting must be sent electronically using secure electronic messaging (e.g. either as an ITK- standard electronic message into the CPCS IT system or as an NHS mail message requiring manual input into the CPCS IT system).

5.2 Telephone call between the patient and pharmacist

- 5.2.1 Following the consultation, if the pharmacist needs to refer the patient onward to a more appropriate clinician, e.g. GP this must be in line with locally agreed processes. Pharmacy contractors will be provided with access to the contact details for the Additional UEC sites if escalation is required to high acuity settings to help the patient to access the appropriate service in line with these locally agreed processes.

³ For the purposes of the pilot, “additional UEC locations” refers to the emergency department(s) or urgent treatment centre(s) participating in the pilot site location

6 Referrals for low acuity / minor illness

6.1 Receipt of referral

- 6.1.1 The referral from the Additional UEC setting must be sent electronically using secure electronic messaging (e.g. either as an ITK- standard electronic message into the CPCS IT system or as an NHS mail message requiring manual input into the CPCS IT system).

7 Governance

- 7.1 All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care⁴.
- 7.2 Any issues with referrals from additional UEC setting pilot site will be reported via local governance arrangements. This feedback may be shared via the local Integrated Urgent Care governance group as part of an overview of the service and its performance and managing its integration with other local urgent care services (including handling patients who use the service inappropriately and dealing with them on a system wide basis).
- 7.3 The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies. Additionally, any such incidents will be reviewed nationally by the Pharmacy Integration programme team.

8 Payment

8.1 Fees to be claimed via the regional local payments scheme

- 8.1.1 Participation in the pilot must be authorised by the regional pharmacy commissioning teams.
- 8.1.2 Only those pharmacy contractors who meet the pilot site selection criteria for community pharmacies and are authorised to participate by the regional pharmacy commissioning teams, will be able to participate in the pilot and claim the participation fee.
- 8.1.3 A participation fee of £665 will be paid to each participating pharmacy as contribution to the administration associated with participation in the pilot evaluation and training activities. The claim for this fee will be processed by the regional pharmacy

⁴ <https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care>

- commissioning teams via a local payments process.
- 8.1.4 If pilot sites withdraw from the pilot prior to any meaningful engagement, local commissioning teams may reclaim some or all the participation fee.
- 8.1.5 An additional fee of £45 will be paid to the pharmacy contractors who take part in the in-depth interviews as part of the evaluation.

8.2 Fees to be claimed directly via CPCS IT system and/or MYS portal

- 8.2.1 A Consultation fee of £14 will be paid for each completed referral (urgent medicines supply or low acuity/minor illness).
- 8.2.2 For urgent medicines supply, a referral is completed when any one of the following outcomes has occurred:
- the pharmacist has a consultation with the patient (remotely or face-to-face) and confirms no supply is required.
 - the pharmacist has a consultation with the patient (remotely or face-to-face) and the patient is given advice.
 - the pharmacist has a consultation with the patient (remotely or face-to-face) and the patient purchases the required product.
 - the pharmacist has a consultation with the patient (remotely or face-to-face) and an emergency supply is made.
 - the pharmacist has a consultation with the patient (remotely or face-to-face) and the patient is referred on to another healthcare provider.
 - the pharmacist has a consultation with the patient (remotely or face-to-face) and an EPS prescription is downloaded and dispensed,
 - or the pharmacist has a consultation with the patient (remotely or face-to-face) and an item is not available, and the patient is referred to a second pharmacy (both pharmacies can claim a consultation fee in this scenario).
- 8.2.3 For low acuity/minor illness, a referral is completed when any one of the final outcomes has occurred:
- the pharmacist has a consultation with the patient (remotely or face-to-face) and the patient is given self-care advice.
 - the pharmacist has a consultation with the patient (remotely or face-to-face) and the patient purchases an OTC item.
 - the pharmacist has a consultation with the patient (remotely or face-to-face) and the patient is referred to a Minor Ailments Scheme locally (where one exists).
 - the pharmacist has a consultation with the patient (remotely or face-to-face) and the patient is referred to an appropriate prescriber.
 - or the pharmacist has a consultation with the patient (remotely or face-to-face) and the pharmacist makes the decision that the presenting condition is not minor in nature and the patient is referred into higher acuity services (as described in section 7.4).
- 8.2.4 No Consultation fee can be claimed where the pharmacist cannot make any contact with the referred patient.
- 8.2.5 Claims for payments for this service should be made monthly, via the MYS portal and/or the CPCS IT system (where this functionality is available). Contractors should

confirm with their CPCS IT system provider whether they will need to submit a manual payment claim via the MYS portal, or whether the CPCS IT system will create a month end collated activity report/payment claim for their approval prior to it being submitted to the NHSBSA. Claims will be accepted by the NHSBSA within six months of completion of a referral, in accordance with the usual Drug Tariff claims process. Later claims will not be processed.

- 8.2.6 The NHSBSA will make appropriate payments claimed by the pharmacy contractor as described above, in the same payment month as other payments for NHS Pharmaceutical Services and the payments will be separately itemized on the FP34 Schedule of Payments.
- 8.2.7 The cost of medicines or appliances supplied under the CPCS urgent medicines provision will be reimbursed using the basic price specified in Drug Tariff Part II Clause 8 – Basic Price. No other elements of the Drug Tariff in relation to reimbursement of medicines or appliances apply to this service. An allowance at the applicable VAT rate will be paid to cover the VAT incurred when purchasing the supplied medicine or appliance.
- 8.2.8 The cost of medicines or appliances supplied via the service will be recharged to Clinical Commissioning Group budgets.

9 Review and evaluation

- 9.1 The Commissioner reserves the right to audit or conduct post payment verification (PPV) on the information and data held at the pharmacy in respect of this service.
- 9.2 As a pilot service, independent evaluation of the service and its outcomes is key to ongoing service development and review of the effectiveness of the pilot. The service provider has been paid a participation fee in recognition of this and is required to participate in evaluation by ensuring submission of all relevant data and taking part in a questionnaire/survey and phone interview if requested.
- 9.3 Aspects of the service to be examined will include (but are not limited to):
 - The volume of referrals made to CPs from the UEC settings.
 - The symptoms and minor illness conditions associated with the referrals.
 - The population demographics of patients using the service.
 - The number of escalations made by the CPs to other clinicians (typically where the pharmacist has identified a red flag condition not previously picked up in the ED setting).
 - Any reported clinical incidents and the findings from their subsequent investigation.
 - A comparison to the NHS CPCS referral made to CP from NHS 111, Integrated Urgent Care Clinical Assessment Service (IUC CAS) and general practice settings.
 - The attendance rate (in-person and remotely) at CP settings following referral from UEC settings.
 - The types and effectiveness of secure digital referral routes deployed.
 - The clinical governance considerations made by each UEC and pharmacy site to establish the new referral route
 - Impact on health inequalities (linking to post codes of those diagnosed)
 - Service user experience / satisfaction
 - Operational efficiency and identified issues with the running of the service,

- which may prompt changes to its design/future development
 - The cost of implementation including time and resource(s) required.
- 9.4 The evaluation techniques will focus on data gathering from all sites, interviews with participating pharmacy staff, UEC staff and case studies.

ANNEXES

Annex A – GP notification form – urgent medicines supply initiated from a patient presenting at a pilot UEC site

NHS Community Pharmacist Consultation Service - Notification of supply to patient's general practice

To (GP practice name)														
Patient's details:														
Name														
Address														
Date of birth	/	/	NHS number											
This patient was provided with an emergency supply at this pharmacy on: / /														
Details of medicines or appliances supplied:														Quantity:
Additional comments (e.g. patient's reason for requesting an emergency supply)														

Medication or appliances have been supplied to this patient following an assessment of their needs with the information available to the pharmacist at the time. If you wish to flag to urgent and emergency care providers that it is inappropriate for a patient to be referred for urgent supplies of medicines, please consider the use of a Special Patient Note (SPN).

Pharmacy name		Telephone	
NHSmail address			
Address			

CONFIDENTIAL

Copies of this form can be downloaded from <https://psnc.org.uk/cpcs>

Annex B – GP notification form – referrals for low acuity / minor illness initiated from a patient presenting at a pilot UEC site

NHS Community Pharmacist Consultation Service - Notification of low acuity/minor illness consultation to patient's general practice

To (GP practice name)										
Patient's details:										
Name										
Address										
Date of birth	/	/	NHS number							
Following a low acuity/minor illness referral to the pharmacy, this patient had a consultation with a pharmacist at this pharmacy on: / /										
Support has been given to the patient following an assessment of their needs with the information available to the pharmacist at the time.										
Details of support or advice provided and any additional information for the general practice:										
Details of any medicines or appliances supplied:								Quantity:		
Pharmacy name				Telephone						
NHSmail address										
Address										

CONFIDENTIAL

Copies of this form can be downloaded from <https://psnc.org.uk/cpcs>

Annex C – Key Contact Details

NHS 111 provider	
Name of Organisation	
Health professionals telephone number	(Note – this number must NOT be shared with the public)
Key contact	
Integrated Urgent Care Clinical Assessment Service (IUC CAS)	
Name of Organisation	
Health professionals telephone number	(Note – this number must NOT be shared with the public)
Key contact	
Local GP Out of Hours provider	
Name of Organisation	
Address	
Postcode	
Public telephone number	
Health professionals telephone number	(Note – this number must NOT be shared with the public)
Key contact	
Local Pilot site Emergency department provider	
Name of Organisation	
Address	
Postcode	
Public telephone number	
Health professionals telephone number	(Note – this number must NOT be shared with the public)



Key contact	
Local Pilot site urgent treatment centre provider	
Name of Organisation	
Address	
Postcode	
Public telephone number	
Health professionals telephone number	(Note – this number must NOT be shared with the public)
Key contact	
Directory of Services (DoS) search tool	
Local DoS search tool	<input type="checkbox"/> NHS Service Finder (https://finder.directoryofservices.nhs.uk) <input type="checkbox"/> MiDoS <input type="checkbox"/> Direct access via CPCS IT system
Login details	Username: Password: (These details are specific to this pharmacy and should not be shared)
Local DoS lead	
Name	
Telephone	
Email address	
NHS DoS provider and commissioner helpline	
0300 0200 363 Call this number to notify NHS 111 or IUC CAS of temporary withdrawal of the service	
Local NHS England team contact	
Key contact	
Telephone	
Email address	

Copies of this contact sheet can be downloaded from <https://psnc.org.uk/cpcs>

Annex D – List of possible symptoms groups identified for referral to a community pharmacist

This list is not exhaustive but reflects the expected case mix based on current NHS 111 calls.

Acne, Spots and Pimples	Medication Enquiry
Allergic Reaction	Mouth Ulcers
Ankle or Foot Pain or Swelling	Nasal Congestion
Arm, Pain or Swelling	Pain and/or Frequency Passing Urine
Athlete's Foot	Rectal Pain, Swelling, Lump or Itch
Bites or Stings, Insect or Spider	Scabies
Blisters	Shoulder Pain
Cold or Flu	Skin, Rash
Constipation	Sleep Difficulties
Cough	Sore Throat and Hoarse Voice
Diarrhoea	Tattoos, Birthmarks or Moles
Ear Discharge or Ear Wax	Tiredness (Fatigue)
Earache	Toe Pain or Swelling
Eye, Painful	Vaginal Discharge
Eye, Red or Irritable	Vaginal Itch or Soreness
Eye, Sticky or Watery	Vomiting
Eye, Visual Loss or Disturbance	Wound Problems
Eyelid Problems	Wrist, Hand or Finger Pain or Swelling
Failed Contraception	Other (please state)
Hair loss	
Head Lice	
Headache	
Health and Social Information	
Hearing Problems or Blocked Ear	
Hip, Thigh or Buttock Pain or Swelling Itch	
Knee or Lower Leg Pain or Swelling	
Limb, cold or colour change	
Lower Back Pain	
Lower Limb Pain or Swelling	

